FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 APR -1 PM 3:37

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # m02000003209

1. Limited Liability Company's Name

Northside Medical Plaza, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
475 Central Ave.		475 Central Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
305		305	
City & State		City & State	
St. Petersburg, FL		St. Petersburg, FL	
Zip	Country	Zip	Country
33701	USA	33701	USA

4. State/Country of Formation: GA

5. Date Organized or Qualified To Do Business in Florida: 5/8/02

6. FEI Number: 320016550 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for Certified Copy

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, ... Madonna Cuddihy ... ns of Chapter 608, F.S.

Signature of Registered Agent: Madonna Cuddihy Special Assistant Secretary Date: 3-18-08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgrm	Patrick Marston	475 Central Ave., Suite 305	St. Petersburg, FL 33701

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Date: 3/19/08 Daytime Phone # 727-895-8902

Typed or printed name of signing Managing Member/Manager: